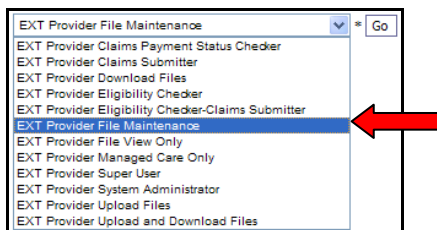


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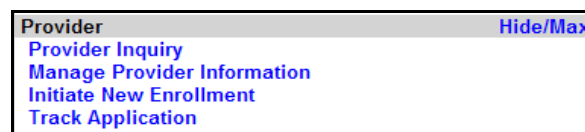
## Removing Name from List of Providers Accepting New Patients

The Medicaid Purchasing Administration offers clients a way to see if Medicaid providers in their area are accepting new patients. All active Medicaid providers that are loaded in the ProviderOne system will appear on this list. If the provider wishes to be removed from this listing, they will need to request this through the provider file maintenance process within ProviderOne. The following steps demonstrate how a provider can remove their name (or clinic) from the list.



The worker must first log into ProviderOne utilizing their assigned Domain number, Username, and Password. Once logged on the worker will need to select the **EXT PROVIDER FILE MAINTENANCE** profile.

The worker will be at the Provider Portal and will need to choose the “**Manage Provider Information**” option under the “**Provider**” section located on the left side of the screen. This will open up the provider’s registration page.



The worker will want to now open up “**Step2: Locations**” from the registration page. Once opened, they click on the location code “**00**” on the “**Provider Locations**” listing page. This is the main location for the provider’s NPI where all correspondence and payments will be sent.

| <input type="checkbox"/> | Step                      | Required | Last Modification Date |
|--------------------------|---------------------------|----------|------------------------|
| <input type="checkbox"/> | Step 1: Basic Information | Required | 01/25/2010             |
| <input type="checkbox"/> | Step 2: Locations         | Required | 01/25/2010             |

| <input type="checkbox"/> | Location Code | Location Name            | Location Type     |
|--------------------------|---------------|--------------------------|-------------------|
| <input type="checkbox"/> | 00            | PROVIDER RELATIONS TRIBE | NPI Base Location |

Once location “**00**” is selected the following picture will be displayed. If the provider wishes to be removed from the accepting new patients list they will need to uncheck the box titled “**Accept New Client**” and then click the “**Save**” button on the left side of the screen. Once saved the worker clicks the “**Close**” button to return to the “**Locations**” page. From here they can click the “**Close**” button once more to return to the registration step page.

|   |                          |  |
|---|--------------------------|--|
| Close Save                                    |                          |  |
| Location Details:                             |                          |  |
| Location Business Name: PROVIDER RELATIONS TR | Location Code: 00        | Location Type: NPI Base Location                       |
| Contact First Name: JANE                      | Contact Last Name: SMITH | Accept New Client: <input checked="" type="checkbox"/> |

|                          |   |          |
|--------------------------|---|----------|
| <input type="checkbox"/> | Step 17: Submit Modification for Review | Required |
|--------------------------|---|----------|

|                          |   |          |
|--------------------------|---|----------|
| <input type="checkbox"/> | Step 18: Submit Modification for Review | Required |
|--------------------------|---|----------|

When the screen returns to the registration steps page the worker will need to click on the final step titled “**Step 17: Submit Modification for Review**”. \*This will be step 18 for Tribal providers and solo practice providers.

The last thing the worker will need to do is click on the “**Submit Provider Modification**” button once the ProviderOne “**Final Submission**” screen appears. Once this button is clicked the worker will get the confirmation that the modification has been submitted to the State for review. When this request is approved the provider will be removed from the list. Removal of information could take 1-2 weeks.

|                         |                              |
|-------------------------|------------------------------|
| Close                   | Submit Provider Modification |
| <b>Final Submission</b> |                              |

|   |  |
|---|--|
| Windows Internet Explorer   |  |
|  The modification request has been submitted for State review.<br>Please check this Web site to verify the status of your request. |  |
| OK  |  |